

9. Service Delivery

9.1 Principles and Philosophy of Permanency Planning

Permanency planning is an on-going process that first and foremost must consider the best interests of the child. The permanency planning process begins when the first contact is made with the child and family. The planning process continues until the health and safety of the child is assured and services are terminated.

Core concepts and principles upon which permanency planning depends include:

- Health and safety are paramount,
- Best interest of the child controls case decisions,
- Reasonable efforts by the local department of social services,
- Reasonable progress by the parents,
- The child's sense of time, and
- Concurrent planning.

9.1.1 Health and Safety

Health and safety are the paramount factors that must be considered when determining the best interests of the child. In exploring permanent options for children, consideration must be given to the physical safety and emotional security of the environment. Safety relates to the conditions of the home environment, or the behavior or physical/mental condition of a family member. Health relates to the family's capacity to meet both the physical and mental health needs of their child.

9.1.2 Best Interest of the Child

"Best interest of the child," is defined as the physical safety, including food, shelter, health and clothing, and emotional well-being of the child. The child is removed from his/her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child, or it is in the child's best interest to be placed in foster care or there is no less drastic alternative than removal of the child from his or her home. A child's need for a permanent home addresses the need for stability and continuity of relationships with parents, siblings and other relatives.

9.1.3 Reasonable Efforts by the Local Department of Social Services

Federal and state law requires that children not linger in foster care. Reasonable efforts must be made to reunite the child with his or her family. Reunification services must be provided to the child and parents early in the placement process to ensure that they have adequate time to remedy the conditions that brought the child into care. Social workers will document that reasonable efforts are made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs.

The intent of providing services to children in foster care and their families is to achieve the permanency goal established for the child by implementing the child's service plan. A wide range of services can be provided to a child and family to achieve the permanency goal for a child. These include, but are not limited to, day care, respite, counseling, parent training, recreation, transportation, and intensive home based services. Each permanency goal selected affects the type and delivery of services provided.

9.1.4 Reasonable Progress by the Parents

The paramount concern in reunification is ensuring the safety and well being of the child. Social workers will continually evaluate the family to determine that any concerns related to the child's safety or health are met and are documented in the record. Periodically evaluating the family's progress toward reunification will assist in determining if the appropriate services are being provided and if the family is following the service plan.

Indicators of progress toward reunification include:

- The risk that necessitated the intervention is no longer present and there is no other risk that jeopardizes the safety of the child.
- The parents have cooperated and successfully completed the service plan objectives.
- Visitation and trial home visits are successful and have increased in length and frequency.
- The child has dealt with his or her feelings about the separation through counseling or some other effective means.
- The child has been prepared for the reunion and has received support in acknowledging his or her feelings about returning home and separating from the current placement.
- The court has given approval of the goal of return of the child to the parents' or prior custodians' home.

9.1.5 Child's Sense of Time

Children have a different sense of time than adults. What seems like a short family disruption or a brief separation to adults may be a very painful and intolerable long period for children. In general, younger children are less able to tolerate periods of separation than older children.

Social workers must act promptly, using the best information available when dealing with children and their families. Aggressive planning and intervention with a prompt emphasis on decision making, followed by the actions to carry out those decisions, will help to secure a permanent home for children.

9.1.6 Concurrent Planning

Concurrent planning is a practice that facilitates permanency planning for children in foster care. The definition of concurrent planning is “a structured approach to case management which requires working towards family reunification while, at the same time, developing and implementing an alternative permanency plan.” Concurrent planning is used with cases that have a permanency goal of return home but have a poor prognosis for return home. In most cases, the concurrent plan will be placement with a relative or adoption. The Adoption and Safe Families Act (ASFA) allows agencies to engage in concurrent planning while making reasonable efforts to reunite the family. Concurrent planning replaces sequential planning in foster care by simultaneously exploring possible relative options and/or identifying a resource family that can serve as both a foster and adoptive family to a child.

The desired outcomes from concurrent planning are decreased length of stay in foster care, fewer placement moves, and fewer children in long-term foster care. These outcomes assist in maintaining continuity of care for children and, thus, healthier attachments to caretakers.

There are six processes that support concurrent planning.

- Determine paternity early. Not only do birth parents have a right to receive reunification services, limited resources should not be wasted on providing services to someone who is not the birth parent.
- Early permanency assessment. To determine whether a concurrent plan is needed, the social worker completes a Permanency Planning Indicator (see Appendix) with the parents during the initial weeks of foster care. Documentation from other individuals and sources may be included. The Permanency Planning Indicator identifies family strengths that indicate strong potential for reunification as well as indicators of weak potential for reunification. The assessment is done once, as early in the process as possible, to determine if the child needs placement into a resource family. The permanency assessment is not a risk or safety assessment. Reassessment of safety factors related to the child's return to the parents consists of review of the parent's visitation with the child and progress with the case plan.

There are five weakness indicators on the assessment that always warrant a concurrent plan. They are extreme conditions making family reunification a very low probability: catastrophic prior abuse, dangerous life style, significant CPS history, and inherent deficits from severe mental illness. The overall strengths and weaknesses identified in the assessment are weighed to determine whether a concurrent plan is needed for a child.

The potential for reunification assessed through completion of the Permanency Planning Indicator helps to determine the appropriate placement for the child and helps the social worker to be realistic with the parents. A poor indicator of reunification does not justify reducing the level of reunification services provided to the family.

- Early relative search and permanency assessment. A thorough identification of extended family members is completed with the parents and other sources. Relatives are assessed for their appropriateness to provide a temporary and a permanent home to the child. Interstate referrals are initiated as quickly as possible.
- Service plan content. The service plan indicates what the permanency planning goal is for the child and the concurrent goal. The plan delineates the objectives and services for both plans. Strength and weakness information from the Permanency Planning Indicator is incorporated into the plan.
- Match resource families with children from families with a poor prognosis for reunification. Families may be dually approved as foster and adoptive families. When a child with a poor prognosis for return home does not have a potential placement with a relative as the concurrent plan, the child is placed with a family who can be available to meet the child's needs for as long as necessary either through adoption or foster care. There may be a planned placement from a temporary foster home into a resource family.
- Explore voluntary relinquishment. Parents need to understand all of their options in regard to permanency planning, including making a voluntary plan for adoption of their child, if they are going to be truly empowered to choose the future that is best for their child and themselves. This option is discussed when the choices of permanency planning goals are introduced to the parents.

There are three practices essential for concurrent planning.

- Establish and maintain firm timelines. The case plan details the timelines for service delivery and achievement of outcomes. Parents need to be regularly reminded of the timelines.
- Use full disclosure. Parents have a right to know what foster care and permanency planning is about as they ultimately decide the outcome of the case through their behaviors and choices. Full disclosure is the respectful discussion with parents so that they will have clear information about the following:
 - Reunification standards and expectations;
 - Parent's rights and responsibilities;
 - Importance of staying connected to their child;
 - How foster care, by its very nature, has the potential to cause harm to their child;
 - How a permanent placement is so vital to their child's well being;
 - Factors in the family's history that may make reunification more difficult; and

- Consequences of not reunifying and the steps the social worker is taking to provide an alternative permanency safety net for the child through identification and implementation of a concurrent plan.
- Explore permanency with caregivers: In addition to full disclosure to parents about concurrent planning, equal candor must be used with all other parties involved, including the child, the court, the foster parents, CASA, attorneys, and relatives.

ASFA also requires that once an agency files a petition to terminate parental rights (TPR), it begin the process of recruiting, identifying, and approving an adoptive home for the child. Local department social workers do not need to wait until the TPR Order is final to begin adoption recruitment. The intent of concurrent planning is to reduce delays in finding permanent homes for children. Social workers no longer have to eliminate one goal before working toward another for a child. (See Section 9.5.1 and Volume VII, Section III, Chapter C, section 3.D.2.3)

The goal of permanency planning is to assure that children are in safe, permanent homes as quickly as is consistent with their health, safety and well being while recognizing the urgency caused by the child's sense of time.

9.2 The Team Approach

The Code of Virginia (§16.1-281 and 282) requires the involvement of the court, local department of social services' staff, birth parents, foster parents and providers, foster children age 12 and older, adoptive parents when the goal is adoption, service providers, and other interested parties in the service planning and review process. The members of the "permanency team" are to work collaboratively to ensure that children in foster care achieve stable and permanent homes. The permanency team identifies the appropriate services, encourages the on-going involvement of the parent(s) or prior custodians, and provides a unified approach to service delivery. The team also monitors progress towards the goal.

The Family Assessment and Planning Team (FAPT) exemplifies the use of a permanency team to plan services for children and families with diverse needs served by multiple agencies. The needs of children and their families can be best met through an open and cooperative team approach where information is shared, team members consulted, and services coordinated among team members.

9.2.1 Team Members Responsibilities

The needs of children and their families can be best met through an open and cooperative team approach where information is shared, team members consulted, and services coordinated among team members. Team members have specific and identifiable responsibilities and rights.

The Parent(s) will be engaged in planning for themselves and for their child. An outcome based service plan that addresses the health, safety, and well being of the child is developed in writing, and all parties to the planned return are provided with a copy, including the court. The parent(s) will follow the service plan and demonstrate an increased capacity to parent. The parent(s) will assure the child's health and safety are protected as evidenced by successful parent-child visits and appropriate involvement in parental responsibilities. The parent(s) will demonstrate an ability to care for himself or herself and a child financially. The parent(s) will accept responsibility for preventing maltreatment of the child and develop an ongoing support network to ensure continued safety of the child at home.

The Social Worker has a corresponding responsibility to make reasonable efforts to reunify the family. This means the social worker must ensure the family is provided appropriate and timely services to facilitate changes necessary for reunification. The social workers role can change depending on the needs of the case. Activities that support this role include:

- Sharing information with permanency team members (the families and members of the helping team);
- Assuring full disclosure of expectations;
- Assessing if services are timely and appropriate;
- Assuring and documenting reasonable efforts on the part of the social worker;
- Assuring and documenting reasonable progress on the part of the parents;
- Addressing how to remove barriers to services, including parental ambivalence;
- Assessing whether the parent is making the necessary behavioral changes in the conditions which led to the removal of the child;
- Engaging the parent in planning for themselves and for their child;
- Reviewing the current service plan and developing a new service plan if needed;
- Reviewing clinical material from service providers;
- Assessing whether placement is the only safe intervention at this time or whether, with assistance, the child can be safe and healthy while in the care of the family;
- Determining if continued clinical intervention and protective reunification services will help the family safely reunite earlier. If so, determine the preferred safety supports and reunification services needed. Determine if the family has an adequate safety network;
- Facilitating and planning sibling visits to maintain a family bond; and
- Discussing any changes in visitation and documenting the visitation plan in a letter to the parent. (This is a critical decision and will be discussed first with the supervisor and the decision documented in the case record).

The social worker will need to help the caregiver address the conflicting feelings that are inevitable in foster care where the caregiver must be attached enough to a child to care for and nurture him/her, yet be able to "let go" when the time comes for reunification.

The Foster Parent/Relative Caregiver should, whenever possible, participate in reunification activities such as supervised parent-child visits and possibly coaching and mentoring birth parents. Foster parents can assist with planning for the child's needs, behaviors and adjustment to placement. Foster parents need to support the goal of reunification with specific outcomes.

The best outcomes for children are facilitated by foster parents who are willing to supplement the capabilities of birth parents – not supplant them – and who nurture the child and assist in meeting the child's developmental needs. To achieve permanency for children, foster parents participate in effective alliances with the local department, birth parents and others in providing services for reunification, concurrent planning and guiding older youth toward independence. Reunifying children with their families requires foster parents to perform two extremely important functions:

- Commitment to a child's care and well-being while in their home and at the same time
- Investment in the child's successful reunification.

Foster parents are asked to prepare for reunification while simultaneously planning with the social worker for alternative permanency options. Although this is an extremely difficult task, it is necessary for the child's stability in the foster home as well as the achievement of timely permanency.

Service Providers are those professionals and individuals who provide services and support to the parent and child. Such professionals may include social service providers, school or day care personnel, health care providers, and any called for in the service plan. The services and supports provided to the family are identified in the outcome based foster care service plan. Service providers should contact the social worker at least monthly with information and observations about the intervention progress and the ongoing safety and well being of the child.

Older Children in Foster Care (generally, age 12 or over) are identified as members of the permanency team in the Code of Virginia. The social worker should seek input from foster care children of all ages who are capable of communicating their wishes and consider these during assessments, service planning and re-assessments for the review process.

9.3 Return to Parent(s) or Prior Custodians

In most situations, the initial permanent case goal is to reunite the child with his family or prior custodians. Any and all necessary services are provided to implement this goal until:

- The family has stabilized, the child is returned home, and the court case is dismissed; or

- The worker has documented that the conditions that necessitated the original removal have not been corrected although sufficient time and services have been provided and another goal is approved.

Exceptions to return/reunification as the initial permanent plan case goal are:

- Voluntary relinquishment by all parents (natural, legal, putative, and alleged);
- A petition for termination of parental rights has been filed on the parent(s); or
- The court has found that reasonable efforts to reunite are not required.

9.3.1. Focus of Services

In order to prepare the child and family for return/reunification, the following steps should be taken:

- Provide services as expeditiously as possible to the child and family (make reasonable efforts) to alleviate the conditions that brought the child into foster care and return the child to the parent(s) or prior custodians as soon as possible.
- These services may include, but are not limited to, direct services to the child, visits by the social worker to monitor the child's adjustment, and referral for services such as counseling, day care, medical care, etc. Services to the family may include direct supportive contact by the worker as well as referral for counseling, etc.
- Monitor implementation of the service plan, modifying or changing the plan as needed. Discuss the service plan with the family regularly to ensure understanding, cooperation and progress. The discussion will also provide an ongoing and continuing evaluation of the child and family's needs and capabilities throughout service provision. When risk to the child is relevant, assess risk on an on-going basis.
- Encourage and maintain the regular involvement of family members to facilitate the return home through visitation with the child and shared decision making on behalf of the child. The worker must arrange visitation with the family unless disallowed by court order.
- Provide services to meet the needs of the child in an approved setting until the child is returned home.
- When a child is returned home and custody remains with the local department of social services, provide appropriate support services for the child and family to prevent the child from returning to care.

9.3.2 Assessing for Return Home

When deciding whether to recommend to a court that children in placement should be returned home to their parents' care, the local department of social services will consider whether the parents have made reasonable progress in correcting the conditions that led to the removal of their children from the home. The parents have achieved the outcomes of the foster care service plan in such a manner that the conditions determined essential to the child's safety and well-being have been met. Whether the family is ready to be reunified is a topic that will be addressed directly and openly at every foster care team staffing.

A foster care team staffing is intended to engage the family in the process of making a plan for the safe return home of the child. Social workers will make substantial efforts when planning a staffing to be flexible and attempt as much as possible to schedule meetings at a time and place where parents can attend. Consideration will be given to the parents' work schedules, transportation issues, availability of interpreter, the parents' primary language of communication, need for child care, and any other barriers that might prevent parents from participating.

9.3.3 Criteria for Return Home

The assessment process is a crucial element in permanency planning and the casework process. It is critical to evaluate whether families have substantially fulfilled their obligations as agreed to in the service plan and corrected the conditions that led to the placement of their children to enable the children to be returned home. Reasonable progress by the parents is demonstrated by a change in the behaviors or circumstances that threatened the child's best interests, safety or well-being.

The assessment inquiry will include but not be limited to the following:

- Has the problem that led to the maltreatment been sufficiently addressed and resolved, and how has it been addressed and resolved?
- Have the parents adequately completed the tasks required of them in their service plan? Were the tasks relevant to the family's problems and risk/safety concerns?
- What are the characteristics, needs and behaviors of the children returning home? Have the children dealt with feelings about separation and if so, how? Have the parents been educated about these? Have they demonstrated they will be able to manage them?
- What special services will the children need when they return home and are the parents aware of the special services? Have the parents been given an opportunity to demonstrate behavior consistent with providing and participating in the special services while the children were in care?
- Do the parents have their own support system? Will they realistically use this support system, especially in times of crisis? Who does the support system consist of? Are those individuals aware of their role in providing a safety net for the family?
- In what manner will the children be returned home? If the family has more than one child in care, will they all be returned home at the same time or will

they be returned in gradual stages to allow for an adjustment period of both children and parents?

- What does the family need before the children return home and does the family need assistance obtaining these services?
- Has visitation between the child and family been successful and increased in length and frequency, with reduced supervision?
- Have arrangements been made to see that the child and family are adequately monitored and supported, both during and after the child is returned home, until the court returns legal custody to the family or prior custodian and the case is closed?
- Is there a service plan that addresses the health, safety, and well-being of the child and all parties to the planned return have a copy, including the court? Does the service plan consider the family's ability to financially support all family members, including the child? Does the worker need to request the court order continued supervision once the child is returned home?
- Have criminal background and central registry checks been completed on all adults in the home prior to beginning visitation and if necessary, prior to returning the child home? (See Section 4.1.6)

Prior to reunification, a reunification staffing should be held where the parents/caretakers are invited to discuss their perception of their progress, whether they are ready for reunification and any issues or concerns. If the consensus of the reunification staffing is that return home can safely be achieved, a target date will be set. Additional expectations will be discussed and documented such as the child's ongoing health care and educational needs.

9.3.4 How the Team is Used

The team ensures the provision of appropriate services, the on-going involvement of the parent(s) or prior custodians, and the unified approach to service delivery as well as monitors progress toward the goal. Because the goal is return home, the parent(s), guardians, or prior custodians should be involved in making decisions regarding the child. The foster parents and providers should encourage the continuing relationship between the child and the parent(s) or guardians.

9.3.5 Indicators of Progress

Reasonable efforts by the local department of social services include:

- What services are included in the case plan?
- How have the services affected the parents' behavior or skills?
- What services are not in place and why not?
- Have social workers been diligent in implementing the case plan?
- What has happened since the case came into the system and the case plan was developed?
- What needs to happen to make return home possible?

Reasonable progress on the part of the parents may include:

- Increased capacity to parent and to assure the child's health and safety as demonstrated by successful parent-child visits, appropriate involvement in more parental responsibilities; e.g. doctor appointments, parent-teacher conferences, group therapy, involvement in recreational activities, better financial management, etc.;
- Demonstrated ability to care for themselves so that they can meet the needs of the child;
- Demonstrated improvement in parental choices, decisions and relationships, which lead to a safer and healthier environment for their children;
- Participation in the recommended services and demonstration of change, such as improved parenting, participation in counseling sessions;
- Acceptance of responsibility for maltreatment of the child and demonstration of empathy for the impact of the effects of the maltreatment on the child.
- Ability to ask for and accept help; and
- Establishment of an ongoing support network consisting of other family members, neighborhood or community, church, etc.

A lack of reasonable progress on the part of the parents to correct conditions that led to the removal of the child and other good reasons to consider alternatives to return home may include:

- An ongoing pattern as a perpetrator or a victim of domestic violence and refusal to participate actively in treatment services or initiation of new relationships in which there is violence.
- Continued residence with someone dangerous to the child and refusal to separate after having been advised of the dangers.
- Failure to remedy, with assistance housing or housekeeping standards that are a threat to health or safety or to seek economic resources when lack of resources is a major barrier.
- Continuing to miss visits with children, to come late for visits, or while visiting appearing uninterested or openly rejecting the child or being abusive or continually upsetting children during visitation by verbal abuse, eliciting guilt, or by making unrealistic promises.
- Restricted ability to parent due to developmental disability, failure to make efforts, or inability to demonstrate the skills necessary to ensure the health and safety of the child.
- A lifestyle centering on drugs/alcohol and an addictive pattern preventing adequate parenting.
- A previous birth to a subsequent substance exposed infant.
- Having other children who have been in foster care for 12 months or more and attempts to reunite have been unsuccessful.
- Continuing to miss appointments, canceling appointments or failure to be involved in treatment.
- Failure to fulfill the tasks outlined in the service plan, cooperate with the provision of the service plan, or meet conditions established by the court.
- Suffering from a mental or emotional illness or mental deficiency of such severity that there is no reasonable expectation that such parent will be able to undertake responsibility for the care needed by the child in accordance with his/her age and stage of development.

9.3.6 Supervisory Conference

The supervisor determines the frequency of supervisory conferences based on the skill of the social worker and the dynamics of the case. Such conferences will take place at least monthly so that the supervisor is updated regularly on case progress. Overall progress will be formally reviewed quarterly. Supervisory conferences will be noted in SACWIS. The purpose of the supervisory conference is to discuss:

- The parent's progress (or lack of progress) on the service plan;
- Case dynamics, any clinical issues, and the child's well-being in placement;
- Updates to the assessment regarding the family and the service plan;
- The family's potential for reunification; and
- Whether services that have been provided by the local department of social services are appropriate for supporting improvement or progress; and

Critical case-related decisions will be made in consultation with the supervisor and should consider opinions and recommendations from professionals or others involved in the case. Decisions are to be documented in SACWIS. Although all decisions affecting children and families are important, the following decisions are identified as the most critical ones affecting children and families:

- Whether to return children to the home of their parents or relative caregiver from a placement away from their parents or relative caregiver;
- When to begin trial visits;
- Whether to decrease or increase the frequency or the duration of parent and/or sibling visits with the child and whether the visits will be supervised;
- Whether to change a child's placement;
- Whether parental rights will be terminated and an alternate permanent home sought;
- If children are prepared for partial or total independence;
- Whether children will be placed part from siblings who are also placed in substitute care; or
- Whether to petition the court to terminate local department custody;

9.3.7 Reunification Services

When the court approves the goal to return the child home, the foster care service plan will focus on safe reunification. The service plan will:

- Be developed with the participation of the parent, and the child, if appropriate;
- Include concrete and comprehensive services and activities that must be in place immediately prior to and following the actual return home of the child;
- Specifically address problems/needs or barriers to reunification;
- Be clear to the parent what the expected result of the service or activity is; and

- Ensure accountability on the part of the parents, the department and other service providers by documenting the expectations and obligations of each of the parties.

9.3.7.1 Preparing the Parents for Reunification

Workers should make sure parents understand their role in achieving reunification and remind them that their attendance and participation in all staffings and case planning meetings is critical. A family meeting should be held to:

- Evaluate whether the parents are engaged in services and making reasonable progress;
- Evaluate whether the conditions, which led to the child's removal, continue to exist; and
- Allow all participants to engage in service planning by helping to revise the service plan as needed and recommending time frames for achievement of the service plan goals.

Workers should negotiate the date, time, location, and participants of the family meeting with the parents. Parents needs (e.g.; work hours, child care needs, etc.) must be considered. Written or electronic notification of the meeting will be sent to all participants. Social workers will document in SACWIS all attempts to include parents in the family meetings.

Participants in family meetings shall include:

- The social worker;
- The custodial parent(s);
- The non-custodial parent (if appropriate);
- The supervisor;
- Extended family members (if appropriate);
- Foster parents;
- GAL and CASA;
- Guidance counselors and other service providers; and
- The child.

The participants in the family meeting will attempt to reach decisions and agree on recommendations by consensus. When a consensus cannot be reached, the department must stand by its recommendations.

9.3.7.2 Preparing the Child for Reunification

Although a great deal of emphasis is placed on activities with the parent when the social worker is preparing to reunify the family, this is an important time for the child. The social worker should spend time with the child to determine his/her position on reunification. If

reunification is in the best interest of the child, the social worker will begin to prepare him/her for return home by:

- Informing the child of the targeted date for reunification while being aware of the child's ability to understand what this means;
- Explaining to the child that his/her parents are working to have him/her return by the target date, but that sometimes things happen that may change that date.

All adults involved with the child must begin clear, age-appropriate discussions with the child about the plans for return home and what the child can expect. The discussion should assist the child with identifying those people whom he/she can call for help, with where he/she will be attending school, and other important facts. The child should be given the opportunity to work through feelings of separation from, and loss of, the foster parent/relative caregiver, school and neighborhood friends, teachers, and significant others.

9.3.7.3 Preparing the Caregiver/Foster Parent for Reunification

Social workers should spend some time with the foster parent or relative caregiver to discuss their feelings of separation and loss and help them successfully prepare themselves and the child for reunification. Some caregivers may want to stay in touch with the child after he/she returns home. Contact with the caregiver after return home is a consideration that requires supervisory consultation. Some children may find this confusing while others may benefit from continued contact.

The caregiver should make a list of the child's daily activities and routines and other relevant information for the birth parents to smooth the child's transition home.

9.3.7.4 Foster Care Service Agreements/Foster Care Service Plan

Based on the information gathered during the assessment process, the initial family meeting and through negotiation during the social worker's visits, the social worker and family will develop a plan of intervention based on the family's strengths and needs and that addresses how the children's needs for health and safety will be met.

The Foster Care Service Plan, focusing on the goal of return home, will be developed with the parents and should include:

- The child's health, safety, and well-being needs that were identified during the assessment process;
- A description of what actions the family, the social worker, caregiver, and others will take to meet the needs of the child and achieve the goal of return home;
- A description written by the parent with the help of the social worker of how the parent and household members plan to meet

the child's' health and safety needs after the child is returned home;

- Completion of criminal background and central registry checks on all adult household members prior to beginning trial placements and prior to actual return home (See Section 4.1.6).
- Identification of those persons the parent can call on for support following the return home of the child;
- Identification of those persons the child can call on (if old enough), if the child needs help;
- Identification of any other supportive services that will be provided after the child is returned home, such as day care services;
- A description of how the child's medical and educational needs will be met after the child is returned home; and
- Identification of additional interventions and services that will be provided to the family, the caregiver, and the child in order to meet the child's needs and achieve permanency.

A copy of the concurrent permanency plan should also be provided to the parent, if one has been developed.

9.3.7.5 Beginning Visits and Trial Placements

Preparations for overnight visits and ultimately return home must consider and include the following social worker activities:

- Prior to allowing overnight visitation to occur with parents, previous custodians or individuals with whom the child is to be placed; or prior to the return of the child home, the agency must conduct a criminal background search and a child abuse and central registry check on all adults residing in the home in which a child is to visit or be placed (§63.2-901.1). If significant time has passed between the search and the child's actual; return home, a second search is to be conducted closer to the date of return home to ensure the most timely and accurate receipt of information on the adults in the home (See Section 4.1.6 and 9.3.7.5).
- Safety: A Safety Assessment must be completed before the return home of the child. Documentation on all assessments must be included in the case record or SACWIS including the initial child protective service risk assessment. The initial risk assessment provides a baseline for evaluating progress or lack of progress. The specific risk issues identified in the initial assessment will be reevaluated throughout the case. Documentation regarding these issues will be addressed in the assessment that is completed prior to beginning visits or trial placement.

A new safety assessment must be completed prior to the child returning home based on current home situations. The social worker will, unless otherwise documented, communicate monthly with individuals who provide services and support to the parents and child in order to obtain information and observations about the ongoing safety of the child. Such professionals and individuals may include social service providers, school or day care personnel, health care providers, and any other collateral contacts the social worker deems appropriate. Before beginning visits or conducting a trial placement, the social worker will explain to the parent the need for continued communication with all parties. Contact information will be included in the case record as documentation regarding the continued safety of the child in the home.

- Education: During the trial placement, the social worker will meet with the child's current teacher and obtain a school report. The teacher should be informed that reunification is imminent and be encouraged to report any observations or concerns about the child to the social worker. If the child will be attending a new school after reunification, arrangements will be made for the transfer of education records. The social worker and the parent will meet with the child's new teacher. If the child is pre-school age, the social worker will assist the parent in enrolling the child in a program such as early education or day care.
- Health: The social worker will discuss with the parents how the child's health care needs will be met after the child is returned home and identification of a health care provider to serve the child after return home will be discussed. Other resources that the family can use to assist in meeting health care needs such as the Department of Health, FAMIS, or the Department of Medical Assistance will also be discussed. Discussion about health needs and issues will be documented in SACWIS and/or the service plan.

9.3.8 Contacts Following Reunification

9.3.8.1 Requirements for Contacts/Visits

The social worker will communicate at least monthly with those professionals and individuals who provide services and support to the parent and child in order to obtain information and observations about the ongoing safety of the child. Such professionals may include social service providers, school or day care personnel, health care providers, and any other collateral contacts the social worker deems appropriate.

During all contacts following reunification, the social worker must see the child outside the presence of the parent.

- First Month Contact

Following the return home of a child who has been in substitute care: An initial face to face contact with the child and parent must be made via a visit in the home by the assigned social worker within 24 to 72 hours after the child returns home. The timing of the visit will be based upon the safety plan completed when the child is returned home and subsequent risk assessments. Following the initial visit, frequent intervention and contact, as determined by the social worker and supervisor, with the child and parent in their home is required. Unannounced visits should also be considered.

- Ongoing Contact

Frequency of contacts subsequent to the first month of reunification must be at least monthly until risk assessments indicate that there are no longer sufficient safety factors present to require monthly contact.

- Assess progress

During the post-reunification period, support of the family must continue if the reunification is to succeed. The social worker's emphasis becomes helping the family assume responsibility for the care of the child. The local department will provide services for up to six months after return home to monitor the safety of the child, to enhance the family's ability to function in a healthy way, and to provide a smooth transition to reunification. The child's safety and health take precedence over any other variables, such as the need for permanency or the child's sense of time.

Frequently, the child's return home increases the family's stress level by placing additional financial demands on the family while they adjust to being together again. The family membership may have changed since the child's removal and family members may have to renegotiate their new roles in their newly formed family system. Just as parents may express ambivalence about caring for a child while the child is in placement, parental ambivalence may also be demonstrated after the child is home.

Planning for the termination of services is an integral part of all service planning. From the earliest contact, the local department of social services will focus on when services to the children and families will end. Before closing a case, the local department of social services will conduct a review of the child's safety that includes:

- A child safety assessment to include all members of the household and all adults who frequent the home;

- Interviews with relatives, friends, or other persons who provide support network for the family;
- Review all medical, school, clinical, and social service reports;
- Interview and observe the child alone out of the presence of the caregiver;
- Update a final service plan that outlines how the health, safety, and other outside support of the children will be ensured and what aftercare services are needed.
- The filing of a motion for termination of the local department of social service custody.

When a foster care child returns home and custody is transferred back to the parents, the local department should consider continuing services to stabilize the family and assure a successful, safe return for the child. If the worker believes services are necessary to prevent disruption but the family refuses services, the local department may seek a protective order to enable the provision of services.

If reunification fails and the child comes back into foster care placement, the child should be referred to his/her prior foster care/relative home for placement if possible.

9.3.9 Achieving the Goal

The Goal of Reunification is achieved when legal custody is returned to parent(s) or prior custodians, or in a non-custodial foster care placement, when the child is returned to the parent(s) or guardians.

9.4 Placement with Relatives

9.4.1 Focus of Services

- Shift of primary focus is from the parent(s) or prior custodians to the relative.
- Help the parent, child and relative adjust to the change in relationships, clarifying and reducing role conflicts through family counseling.
- Assist the relative with finding resources to meet the needs of the child.
- Once the placement is made, link the relative with services or provide direct services to ensure stability in the placement.

9.4.2 How the Team is Used

The relative must be added to the team. Efforts must be made to continue parental involvement with the child to the extent the parent(s) is willing or able.

The foster parent or provider can help the child adjust to the change and orient the relative to the child's current needs.

9.4.3 Investigation of Relative

The local department of social services must complete an investigation (home study) of the relative. Based on the investigation and a preponderance of evidence, the court must make a finding that the relative is:

- Willing and qualified to receive and care for the child;
- Willing to have a positive and continuous relationship with the child;
- Committed to providing a permanent suitable home for the child; and
- Willing and able to protect the child from abuse and neglect. (§16.1.278.2, a1)

9.4.4 Achieving the Goal

The goal of Placement with Relatives is achieved when custody of the child is transferred to a relative. The intent of this goal is to discontinue custody with the local department of social services.

9.5 Adoption

The Adoption and Safe Families Act of 1997 requires that an agency petition for termination of parental rights of a child if the child has been in care for any 15 of the last 22 consecutive months. An agency would not petition for termination of parental rights under the following circumstances:

- The agency documents and provides compelling reasons why it is not in the best interest of the child to terminate parental rights;
- The child resides with relatives; or
- Services have not been provided to the parent to return the child home safely.

9.5.1 Focus of Services

If the goal of adoption is being selected, the two higher-ranking goals must have been explored fully and ruled out consistent with the child's best interest. However, when a concurrent plan of reunification and adoption exists, the focus of services is to work toward reunification while at the same time, working toward achieving the goal of adoption if the child cannot return home. Services must be

provided to the child, the birth parent(s), the foster parents, and the adoptive parents. The Foster Care Service Plan identifies the services that must be provided. Refer to Section 10.2.4 for information on the Foster Care Service Plan.

9.5.2 How the Team is Used

The team should consist of the social worker, the foster parents, other service providers, and the birth parents, until termination of parental rights. Once an adoptive family is selected, services are provided for the adoptive family and child to ensure success of the placement. The adoptive parents are to be included in service planning at this point.

9.5.3 Counseling Services that Must be Provided

When adoption is being considered, the birth parent(s) of voluntary entrustments, not court ordered termination of parental rights, shall be provided the opportunity for counseling, which should address issues related to but not limited to:

Pregnancy counseling to include:

- Services available to maintain the child at home; placement with relatives; or temporary foster care and services to return the child home.
- Long term impact of the decision to place the child for adoption on birth parent(s) and child:
- Helping birth parent(s) with the finality of the plan for adoption and immediate plans for their own lives;
- Receiving from birth parent(s), or informing them of, newly learned Medical or genetic information that is important for the adopted child and family or for the birth parent(s) and their present children; and
- Providing to the birth parent(s) non-identifying information on the potential adoptive family such as age, physical characteristics, educational achievement, profession, nationality, and health.

9.5.4 Preparing the Child for Adoption

Adoption services for children should ensure that adoption is the best plan for them and that they are prepared for adoption. Preparing the child for adoption must include helping the child put the past into perspective and helping the child with "grief work." (See Vol. VII, Section III, Chapter C, "Preparing the Child for Adoption"). This may include the preparation of a "life book."

A "life book" is a picture and narrative story of a child's life written by the child and social worker using the child's own words, pictures, photos, drawings, and memorabilia to tell the child's story. On the surface, it is a scrapbook of memories, a history of the events that have taken place in the child's life, but it can also be a therapeutic tool if the social worker is working intensively with a child to build a relationship, to help the child with grief issues, and to build the child's self esteem.

The "life book" process prepares the child for adoption and can be used by social workers, therapists, residential and mental health staff and foster, adoptive, and resource parents to help a child understand why he or she is not living with birth parents. Lifebooks are a way to engage the child in the planning process that will affect his or her future. The "life book" is also effective when used as a bridge between birth parents, foster parents, and adoptive parents.

Lifebooks also provide the adults working with and raising children with:

- A tool for meaningful discussions;
- A method of conveying positive messages during childhood that will be remembered during adolescence;
- A chance to build self-esteem and positive ethnic identity; and
- A method of reducing children's divided loyalties between birth and foster, adoptive, and resource families.

Information about lifebooks and how to build and use them can be obtained on the internet at: www.adoption-works.com/.

9.5.5 Terminating Parental Rights

When adoption is the best plan for a child in foster care, securing legal authority to place the child for adoption is the initial objective toward achieving the goal.

A child can be placed for adoption once parental rights are terminated and the agency has been granted the authority to place for adoption. The termination process begins with knowing whose rights must be terminated and how they are terminated. These two points are outlined below:

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All individuals whose rights must be terminated

- The mother,
- The **birth father** is the man with the genetic relationship to a child that indicates the child is an offspring of the man.
- The **putative father** is the alleged father of a child born out of wedlock.
- The **acknowledged father**, a man with a relationship with a child established by:

A voluntary written statement between the man and the mother of the child made under oath agreeing to the paternity and confirming that prior to signing the acknowledgement, that the parties were provided with a written and oral description of the rights and responsibilities of acknowledging paternity and the consequences arising from the signed acknowledgement. The acknowledgement may be rescinded by either party within 60 days from the date it was signed, after which time the acknowledgement shall have the same legal effect as a judgment. (Section 20-49.1, *Code of Virginia*)

- The **adjudicated father**, a man with a judgment or order from a court establishing paternity of a child. (Section 20-49.8, *Code of Virginia*)

- The **presumed father**, the man that:

1) is married to the mother and the child is born during the marriage; (Section 63.2-1202.C.1, *Code of Virginia*)

Or

2) was married to the mother and the child was born within 300 days from the date of their separation as evident by a written agreement, or decree of separation, or within 300 days after the marriage was terminated by death, annulment, declaration of invalidity, or divorce; (Section 63.2-1202.C.2, *Code of Virginia*)

Or

3) before the birth of the child, he and the mother of the child, married each other in apparent compliance with the law, even if the attempted marriage is, or could be declared invalid, and a child was born within 300 days of their separation, as evidence by a written agreement, or decree of separation, or within 300 days after the marriage was terminated by death, annulment, declaration of invalidity, or divorce. (Section 63.2-1202.C.3, *Code of Virginia*)

9.5.5.2 How Parental Rights are Terminated

Parental rights can be terminated either voluntarily or involuntarily.

9.5.5.3 Voluntary Methods of Termination

Parents may voluntarily terminate their rights either by signing a permanent entrustment agreement or by petitioning the court to be relieved of their rights. (§§63.2-900, 63.2-903 and 16.1-278.3)

9.5.5.4 Permanent Entrustment Agreement: How it is Used

An entrustment agreement is a binding agreement between the parent(s) and the local board. This agreement provides a method for the parent(s) to voluntarily relinquish parental rights and give the agency authority to place for adoption.

9.5.5.5 When the Permanent Entrustment Agreement is Used

The following are instances when the signing of the agreement is the only action required for the child to be legally free for adoption:

- When all parents are willing to relinquish their rights to the child;
- When the unmarried mother is willing to permanently entrust and the putative father will sign an affidavit denying paternity, acknowledging paternity or neither denying nor acknowledging paternity. The affidavit must include a statement that he waives all rights to further notice.
- When the unmarried mother is willing to permanently entrust and sign an affidavit that the identity of the father is not reasonably ascertainable. This affidavit should include a statement regarding the reason why the father's identity cannot be ascertained. If there is any question regarding the validity of the mother's affidavit, the agency must petition the court to terminate parental rights;
- When the unmarried mother permanently entrusts and the father can be informed of the mother's entrustment by certified or registered letter. The father's name must appear on the return receipt. He has 21 days after receipt of the letter to object to the mother's entrustment.

A copy of the original letter and the signed receipt must be retained in the child's record.

If the letter cannot be delivered to the father, it is necessary to petition the court for termination of his rights. (§16.1-277.01)

9.5.5.6 When the Entrustment Agreement is Signed

- Sign any time after the child's birth;
- Use a separate form for each parent who entrusts and for each child to be entrusted.

9.5.5.7 How the Entrustment Agreement is Revoked

- The agreement can be revoked any time up to the signing of the adoptive home placement agreement, unless the permanent entrustment agreement has been approved by the court and all parental rights have been terminated.
- The entrustment agreement may be revoked by either parent until (i) the child has reached the age of 10 days and (ii) 7 days have elapsed from the date of execution.
- When the agreement is revoked, custody of the child must be returned to the birth parent. In the event that the custody of the child is of controversy, custody will need to be determined by court action.
- Upon proof of fraud or duress, a permanent entrustment agreement may be declared invalid and the rights and obligations of the parent(s) restored by court order if the final order of adoption has not been entered and the court has not approved the permanent entrustment agreement and issued a final order terminating parental rights.
- The entrustment agreement may be revoked by either birth parent if at the time of revocation the child has not been placed in the physical custody of the adoptive parents.

9.5.5.8 Restrictions Placed on the Permanent Entrustment

When a child enters care through a permanent entrustment agreement, there must be a subsequent court order. The court order must be obtained within 180 days (6 months) of the entrustment. The order must contain a statement that continuation in the home would be contrary to the welfare of the child or that removal was in the best interest of the child or that there is no less drastic alternative than removal of the child from the home.

9.5.5.9 Court Petitions to Voluntary Termination of Parental Rights

The second method of voluntary termination includes the following:

Parental petition for relief of care and custody, (§16.1-277.02)

Parent(s) file a joint petition with the juvenile and domestic relations district court, requesting termination of parental rights. When

appropriate the local department of social services should join in the filing of the petition.

Petition for Approval of Entrustment Agreement(s) (§16.1-278.3, 16.1-277.01)

Agency files petition requesting court approval of permanent entrustment agreement(s). The court order must contain a statement that continuation in the home would be contrary to the welfare of the child or that removal was in the best interest of the child or that there is no less drastic alternative than removal of the child from the home.

Appeal of Court Order

Once the agency has petitioned the court to approve a permanent entrustment agreement and the court has held a hearing and issued a final order terminating parental rights, the parent cannot revoke the agreement. The parent(s) may appeal the order. (§16.1-296).

9.5.5.10 Involuntary Method to Terminate Parental Rights

If it is not possible to achieve termination of parental rights voluntarily, then the local department of social services must petition the court for termination of parental rights (TPR) (§16.1-283 and 16.1-278.3). These procedures define how parental rights are terminated involuntarily.

The agency need not have identified an available family to adopt a child prior to termination being sought or the court's entering a termination order. (§16.1-283a)

9.5.5.11 Grounds for Termination of Parental Rights

Use of the following grounds must be based on findings by the court that termination of parental rights is in the best interests of the child. The legal standard for making these findings is clear and convincing evidence.

The parental rights of a child placed in foster care as a result of court commitment, an entrustment agreement, or other voluntary relinquishment by the parent or parents, may be terminated based on the following grounds:

- **Failure to Maintain Contact (§16.1-283 C)**

The parent or parents have, without good cause, failed to maintain continuing contact with and to provide or substantially plan for the future of the child for a period of six months after the child's placement in foster care. Lack of contact continues even with the reasonable and appropriate efforts of social, medical, mental

health or other rehabilitative agencies to communicate with the parent or parents and to strengthen the parent-child relationship. Proof that the parent or parents have failed without good cause to communicate on a continuing and planned basis with the child for a period of six months shall constitute prima facie evidence of this condition.

- Failure to Make Progress (§16.1-283 C)

Parent or parents, without good cause, have been unwilling or unable, within a reasonable period not to exceed twelve months from the date the child was placed in foster care, to remedy substantially the conditions which led to or required continuation of the child's foster care placement. Lack of progress exists even with the reasonable and appropriate efforts of social, medical, mental health or other rehabilitative agencies to such end.

The foster care plan filed with the court or any other plan jointly designed and agreed to by the parent or parents and a public or private social, medical, mental health or other rehabilitative agency shall constitute prima facie evidence of this condition. The court shall take into consideration the prior efforts of such agencies to rehabilitate the parent or parents prior to the placement of the child in foster care.

- Abandonment (§16.1-283 D)

The child was abandoned and the identity or the whereabouts of the parent or parents cannot be determined after a diligent search; and the child's parent or parents, guardian or relatives have not come forward to identify such child and claim a relationship to the child within three months following the issuance of an order by the court placing the child in foster care.

- Convictions for Certain Crimes (§16.1-283 E)

The parent has been convicted of an offense under the laws of this commonwealth or a substantially similar law of any other state, or any foreign jurisdiction which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred or the other parent of the child, or

The parent has been convicted of an offense under the laws of this Commonwealth, any other state, or any foreign jurisdiction which constitutes felony assault resulting in serious bodily injury or

felony bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense or the other parent of the child. "Serious bodily injury" means bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ or mental faculty.

- Aggravated circumstances (§16.1-283 b and e)

A parent has subjected any child to aggravated circumstances. aggravated circumstances means torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect (ii) demonstrates depraved indifference to human life, or (iii) resulted in the death of a child or serious bodily injury to child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse means may include an act or omission that occurred only once but meets the definition of "aggravated circumstances." (§16.1-281 (B) and § 16.1-283 (E)).

- Termination of Residual Rights to another child (§16.1-283 e and f)

The residual parental rights of a sibling of the foster child have previously been involuntarily terminated.

9.5.5.12 Unlikelihood that conditions can be corrected
(§16.1-283 B2)

For children who have been found by the court to be abused and neglected and in foster care, the following grounds may be used:

- The neglect and abuse suffered by the child presents a serious and substantial threat to his or her life, health, or development; and
- It is not reasonably likely that the conditions which resulted in neglect or abuse can be substantially corrected or eliminated so as to allow the child's safe return to his parent or parents within a reasonable period of time. In making this determination, the court shall take into consideration the efforts made to rehabilitate the parent or parents by any public or private social, medical, mental

health or other rehabilitative agencies prior to the child's initial placement in foster care as well as efforts after placement.

Evidence of this is as follows:

- The parent or parents are suffering from a mental or emotional illness or mental deficiency of such severity that there is no reasonable expectation that such parent will be able to undertake responsibility for the care needed by the child in accordance with his age and stage of development;
- The parent or parents have habitually abused or are addicted to intoxicating liquors, narcotics or other dangerous drugs to the extent that proper parental ability has been seriously impaired and the parent, without good cause, has not responded to or followed through with recommended and available treatment which could have improved the capacity for adequate parental functioning; or
- The parent or parents, without good cause, have not responded to or followed through with appropriate, available and reasonable rehabilitative efforts on the part of social, medical, mental health or other rehabilitative agencies designed to reduce, eliminate or prevent the neglect or abuse of the child.

9.5.5.13 Procedures to Follow for Court Termination

The worker should consult with the local department attorney to determine whether there are grounds for termination of parental rights and to prepare for a termination of parental rights hearing. The local department of social services may hire an additional attorney for the child if the Guardian ad Litem needs assistance when the petition of the local department is contested, the court's decision is appealed, or a separate petition is filed, any of which appear contrary to the child's best interest. Use state pool funds to pay the attorney's fee. Court related costs, such as assistance of expert witnesses, may be purchased as a foster care service.

The local department of social services: Must assess whether termination of parental rights is in the best interests of the child prior to the permanency planning hearing. It would then file a petition and service plan with the court with the goal of adoption 30 days prior to the permanency planning hearing.

The service plan: Should document that Termination of Parental Rights is in the child's best interest. The service plan changing the goal to adoption and the petition may be submitted to the court and considered by the court at the same hearing (§16.1-283 a)

The petition: Must specifically request that parental rights of the parents be terminated and that the local department of social services be given the authority to place and consent to adoption of the child.

If a matter involving the child's custody has previously gone to a circuit court that court has jurisdiction and the petition must be filed there. The court will set a hearing date.

9.5.5.14 Notifying Interested Persons of the TPR Court Hearing.(§16.1-263)

It is the local department's responsibility to submit the service plan 30 days prior to the hearing in order to allow the court sufficient time for giving legal notice.

Who Gives Notice

The court where the hearing will be held is responsible for giving legal notice.

Who Receives Notice

- Parents;
- Child if 12 years of age or older;
- Guardian or legal custodian;
- Parents' attorney;
- Guardian ad Litem; GAL
- Court Appointed Special Advocate (CASA);
- Current foster parents; and
- Other necessary parties.

How Notice is Given for a TPR hearing

- Delivered in person by sheriffs, their deputies, and police officers in counties or cities, or by any other suitable person designated by court;
- Certified mail with addressee only signing the return receipt; or
- Order of publication. Orders of publication must state the purpose of the petition to be heard and where and when the hearing is to be held. Such orders must be published for four successive weeks, in such newspaper as the court may prescribe. They require the defendant to appear to protect his interests on or before the date stated in the order.

When Notice is not Required for TPR

Notice is not required if a parent:

- Has signed a permanent entrustment agreement;
- Has signed an affidavit waiving all rights to notice or
- Is represented by counsel and counsel receives notice.

Situations when the putative father may or may not need notification

- If his identity and location are known, the local department of social services should contact him about signing a permanent entrustment agreement or an affidavit waiving all rights to notice. If he is unwilling to sign an agreement or affidavit, the court will notify him of the hearing.
- The father's identity is known, but his current whereabouts are unknown, the local department of social services must attempt to contact him at this last known address by registered certified letter. This must be done before petitioning the court for termination of his rights. To satisfy the "diligent efforts" requirement of the law, the local department must attempt to locate the father through all sources such as relatives, former employers, social security, etc. If he cannot be found or if his address cannot be ascertained, the court requires an order of publication. (§16.1-264 a)
- If the father's identity is not known or not reasonably ascertainable, the local department of social services must secure an affidavit from the mother to this effect. This affidavit must be presented to the court. If the court certifies the identity of the father is unknown, notice is not required. When the local department has any question regarding the validity of the mother's affidavit, the matter should be brought to the court's attention. (§16.1-263 e)
- If the mother knows the father's identity but she refuses to reveal it, the court certifies on the record that the father's identity is not reasonably ascertainable. The court may appoint a Guardian ad Litem to protect the rights of the unknown father.

9.5.5.15 Transportation of Prisoners for Testimony in Child Welfare Cases

If a parent is incarcerated, the court may authorize the department of corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court.

9.5.5.16 Order to Terminate Parental Rights

After the hearing, the court will send the local department of social services a copy of the commitment order. The order must specify termination of all parental rights with the local department's authority to place and consent to adoption. If not specified, the local department must ask the court to clarify, in writing, the intent of the order. If a parent denies paternity or if the identity of a parent is unknown, the court order must still specify termination of all parental rights. There is an exception. If a parent's rights have already been terminated by permanent entrustment agreement, then the order need not specify termination of that parent's rights. (§16.1-278.3, 16.1-283)

9.5.5.17 Appeals

Appeals must be made to a juvenile court within 10 days of the entry of the order. The circuit court should schedule the appeal within 90 days from the day that it was filed. (§16.1-296) A child must not be placed in an adoptive home until the appeal has been settled.

9.5.5.18 Status of Child after TPR has been Achieved

The child remains in custody of the local board until the final order of adoption.

The court must continue annual foster care review hearings for children whose parental rights have been terminated until a final order of adoption is entered. Administrative Panel Reviews must continue, alternating with the court's foster care review hearings every six months. The Foster Care Service Plan must be reviewed at each six-month hearing or review.

9.5.6 Locating and Placing the Child in an Adoptive Home

Continuity of nurturing relationships is critical to a child's growth and development. Therefore, adoptive planning shall:

- Reflect the child's need to be in a permanent placement as soon as possible;
- Recognize the importance of placing siblings in the same adoptive home, and
- Consider foster parents with whom the child has developed emotional ties as a primary adoptive resource for the child if the foster family is to be the adoptive family, the foster family needs to be prepared for the differences between foster care and adoption. (NOTE: Foster parents have the right to file a petition for adoption, without consent of the local department of social services, when (i)

the child has resided in their home continuously for at least 18 months and (ii) the birth parents' rights to the child have been terminated (§63.2-1229).

If the foster family is not to be the adoptive family, the child must be prepared for the specific adoptive family, as well as for adoption in general. The child should have the opportunity to gradually become acquainted with the adoptive parents. The number and location of the meetings with the adoptive parents, the duration of preparation, and the timing of placement should be determined by the child's age and the particular needs of both the child and adoptive family.

When a family is selected, full, factual information that the local department of social services has about the child and the child's birth family, except that which would reveal the identity of the child's birth family, shall be provided to prospective adoptive parents. The information provided shall include complete medical and psychological reports. (See Section III, Chapter C for more detailed information).

9.5.7 Achieving the Goal of Adoption

The Goal of Adoption is achieved when the final order of adoption is entered (Refer to Section III, Chapter C, for Policy Governing Agency Placement for Adoption).

The local department of social services must notify the juvenile court when the adoption has been finalized so that court can close its file.

9.6 Permanent Foster Care

9.6.1 Focus of Services

- Maintain the child in the foster home by strengthening the legal bond between the child and foster family and providing greater rights and responsibilities to the foster family;
- Providing supportive services that are needed by the child and family in order to enhance and strengthen the permanent parent/child bond;
- Prepare the child for independent living through direct services and/or support/education of foster parents.
- Continue relationships with family members.

9.6.2 How the Team is Used

The roles and responsibilities of the local department of social services, foster parents, birth parents and, if appropriate, the child are contained in a mutually developed and signed agreement. The agreement shall include at least any requirements contained in the court order approving the foster care placement.

The following rights and responsibilities need to be taken into account when developing the agreement:

9.6.2.1 Rights and Responsibilities of the Birth Parents

- Visit the child. The frequency of visitation should be in the court order approving placement.
- Provide financial support for the child.

9.6.2.2 Rights and Responsibilities of the Foster Parents

- Permanent foster parents have authority to give consent for activities that require parental consent unless this authority has been modified by the court order. This includes authority to consent to:
 - a. Application to college or entrance into the military;
 - b. Marriage;
 - c. Driver's license; and
 - d. Surgery.
- The foster parents must inform the local department of social services of the decisions they make as they relate to the authority given them by law or the court (§63.2-908 [c]).
- If a child in permanent foster care is staffed by the FAPT, the foster parents should sign the Individual Family Service Plan. The foster parents of a child in permanent foster care must be notified in advance by the worker of all FAPT meetings related to the child. The foster parents have the right to either speak at the meetings or submit written recommendations and testimony. The FAPT shall consider the foster parents' opinions in developing the service plan (§2.2-5208 [3]).
- Permanent foster parents also have the right to request special education services and sign the IEP.

9.6.2.3 Responsibilities of the local department of social services

- Face-to-face visit with the child in his/her home at least every six months.
- Review the case plan and progress made through alternating administrative panel reviews (See Section 10.3) and a court hearing every six months. Permanent foster care cases must be reviewed in court at least annually (§16.1-282.2)
- Maintain involvement of the birth family, if possible.

9.6.3 Achieving the Goal of Permanent Foster Care

The goal of Permanent Foster Care is achieved upon entry of a permanent foster care order by the court pursuant to §63.2-908.

9.6.4 Termination of Permanent Foster Care Placements (§63.2-908)

- A child shall remain in permanent foster care until he reaches age 18. A youth shall remain until the age of 21 years, as long as the youth is participating in an educational, training, or treatment program and needs foster care services to continue that participation.
- No child shall be removed from the physical custody of the foster parents in the permanent foster care placement except by a court order or child abuse and neglect procedures pursuant to §16.1-251 or 63.2-1517 of the *Code of Virginia*.
- If the permanent foster care placement disrupts, the local department of social services must file a service plan and petition for review and dispositional hearing to change the permanent foster care status to another goal for the child. The foster parent may jointly file the petition with the local department of social services. All attempts must be made to maintain the child with the permanent foster family until the court hearing.
- In unplanned situations where the child must be removed from the permanent foster care placement, the local department of social services must file the service plan and petition for review and dispositional hearing immediately upon the removal.
- The cycle for service plans, panel reviews and annual foster care review hearings starts with the court hearing date.

9.6.5 Placements Outside the Permanent Foster Care Home Without Changing the Goal

There may be situations where a foster child is placed temporarily outside of a permanent foster home for education, training, treatment, or in a Department of Juvenile Justice facility. The Permanent Foster Care Agreement remains in effect if the plan is for the youth to return to the family. Payments to the foster parents will be suspended during those periods, although pre-authorized expenses for the family, such as transportation to visit may be reimbursed.

9.7 Independent Living

The Federal Foster Care Independence Act of 1999 which created the Chafee Foster Care Independence Program, describes the purpose of independent living programs (ILP) as being:

- To identify youth likely to remain in foster care until 18 years of age;
- To help these youth make the transition to self-sufficiency by providing a variety of services;
- To provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults.; and
- To provide financial, housing, counseling, employment, education, and other appropriate support to former foster care youth between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency.

9.7.1 Focus of Services

Services must be provided to assist older teens to acquire skills to become self-sufficient and transition from foster care to independence. All youth, sixteen or older, regardless of their permanency goal, must have a transitional independent living plan which describes the services that will be provided to prepare them for independence (§16.1-281B). The local department of social services worker develops the transitional living plan that is:

- Based on a formalized Life Skills Assessment (See Section 9.7.3.1)
- Incorporated into the Foster Care Service Plan. It may be a separate document but must be attached to the service plan
- Developed through a team process. The youth must be an integral part of the planning and must understand their responsibility for developing and achieving the plan.
- Coordinated with the Individual Education Program (IEP) that must be developed through the school district for all youth in special education

Older youth in foster care may live in foster homes, group homes, residential facilities, or independent living arrangements and are eligible for services regardless of the placement or goal. Independent living services may be funded through the CSA Pool Fund or through Independent Living Program (ILP) funds. Refer to Section 12.15 for additional information regarding the funding of ILP Services.

The Chafee Foster Care Independence Program provides for increased assistance for youth, ages 18 to 21 that leave foster care. This includes youth who:

- Have aged out of foster care at age 18 or up to age 21 and moved directly from foster care into independent living programs; and
- Youth who age out of foster care, lose touch with the local department of social services, and/or voluntarily terminate services at age 18 but find themselves in need of supportive services after leaving foster care but prior to turning 21.

Services should help prepare and support these youth's transition to adulthood.

9.7.2 How the Team is Used

The team approach is essential when working with youth participating in the Independent Living Program. This team should consist of various individuals who can appropriately teach, guide, and provide emotional support to the youth as they transition out of foster care to independence. Ideally, the team is composed of the Independent living coordinator and /or social worker, the youth, primary caregiver(s), birth parents/family, professionals (i.e. educator, counselor) and community representatives (i.e. mentor, minister). The team should develop a transition plan that "takes into consideration all available services in the community and represents a unified view of the individuals involved with the adolescent." (Pass It On: Independent Living Program Strategies, ILP, Inc., 1989)

The youth must participate on the team and in the development of the transitional plan. The social worker should assist the youth in identifying positive adults in the community who are willing to be involved in developing the transitional plan and assisting the youth in carrying out identified tasks. The major roles of the Independent living staff coordinator or social worker functions as the team facilitator as well as a teacher and advocate for the child. Other professionals and community representatives on the team should be encouraged to provide different perspectives, insight and expertise. This diverse group shares the responsibility of developing and implementing the transitional plan and assessing the youth's progress at each stage of his or her transition to independence.

9.7.3 Preparing the Youth for Independence

Preparing youth for independence requires that the team develop and provide a full range of services that assist the youth in establishing the requisite skills needed for self-sufficiency. Youth must be supported and encouraged to participate in designing their transitional independence plan and take responsibility for achieving independence (Foster Care Independence Act of 1999). Preparing youth for independence requires accurate assessment of their skills and needs and targeted service provision.

9.7.3.1 Assessing for Independence

Workers should conduct a Life Skills Assessment for all youth being considered for independent living services. A Life Skills Assessment is a formalized assessment documenting the youth's strengths and needs. This assessment should provide information about the youth's ability to live independently and function in the community. Areas assessed must include basic living skills, education, vocational/job skills and personal/social/emotional development.

9.7.3.2 Types of Services That Can Be Provided

Educational: To complete high school or general education, higher education, including assistance for tuition, admission fees, related expenses, equipment, materials, uniforms, applications, tutoring, etc.

Vocational Training: Job readiness, job search, placement, and other services when such an activity prepares a youth to become self-supporting or increases performance/functional competencies.

Daily Living Skills/Aid: Budgeting, housing, career planning, money management, or provision of any other services which supports the youth in establishing an independent living arrangement, such as, household goods, supplies, services, insurance, utility turn-on, etc.

Counseling: Individual or group counseling.

Other Services or Assistance: Training, conferences, retreats, and workshops, relating to building competencies that strengthen individual skills and foster successful independent living.

9.7.4 Independent Living Arrangements

Youth, 16 and over, may live in independent living arrangements provided the youth has demonstrated maturity and the skills and ability to live without parental supervision. Factors in assessing a youth's readiness for an independent living arrangement require consideration of the following:

- Age- youth must be at least 16 years old;
- Foster Care Goal- in all likelihood, the youth will have the goal of Independent Living since all permanency goals had been thoroughly considered but were not feasible;
- Results of a recently completed Life Skills Assessment; (See Section 9.7.3.1).
- Education- must be enrolled in an educational/vocational program;

- Employment-should be employed at least part- time unless youth is a full time student in college or an apprenticeship/trade program;
- Use of Services- the youth has taken full advantage of services and programs offered to help him/her make the transition to self-sufficiency;
- Emotional Readiness-the youth demonstrates a high level of maturity and emotional stability in his/her current placement. The youth is not a threat to himself/herself or the community. The youth is not involved in high risk behaviors (i.e. delinquent or criminal activities, substance abuse);
- Motivation- the youth played a significant role in designing his/her transitional plan. He/she has identified personal goals and has taken action toward reaching the goals. The youth is following the Foster Care Service Plan and cooperating with the local department of social services. The youth has demonstrated appropriate behavior and taken on progressively more responsibility. The youth wants to be in a setting less supervised and less structured than his/her current foster care placement; and
- Willingness to Learn- the youth is willing to learn independent living skills and will accept help from the social worker and others who offer support and guidance.

When it is determined that an older youth in foster care would be more appropriately served in an independent living arrangement, such as an apartment, the following requirements must be met:

9.7.4.1 Approving the independent living arrangement

The worker must make an on-site visit to the independent living arrangement before approval can be given for each arrangement. The arrangement should be re-approved annually. Housing approved by colleges and other educational or vocational providers is exempt from this requirement.

9.7.4.2 Supervision

There will be face-to-face visits between the youth and the local department of social services worker at least monthly, except when the youth is living in a dormitory. In dormitory arrangements, visits must be at least every three months.

At least once every three months the visit must be in the residence of the child. The needs of the youth should determine the frequency of visits beyond the minimum requirements.

Supervision of youth in independent living arrangements out-of-state is subject to policy governing out-of-state placements.

9.7.4.3 Agreement between local departments and youth

An agreement, in duplicate, between the local department and the youth shall be mutually developed and signed. One copy of the

agreement is given to the youth. The other is kept in his/her record. It shall be compatible with the youth's service plan.

The agreement shall include, but is not limited to the following:

- Purpose of the independent living arrangement, with time frames for achieving the goals identified;
- List and description of local department's activities to support achievement of the identified purpose of the independent living arrangement. Activities provided by the local department of social services can include counseling, transportation, payment of particular special needs, etc;
- List and description of youth's activities to attain achievement of the identified purpose of the independent living arrangement. Activities the youth can include are school, employment, therapy, etc;
- Method, frequency, and amount of financial payment as prescribed by policy governing rates for independent living arrangements. Refer to Section 12.5;
- The condition and frequency of supervision;
- Youth's understanding that the physical arrangements must be approved by the local department of social services ;
- Youth's responsibility to inform the local department of social services within 72 hours of any major changes in his/her situation, such as housing or employment changes; and
- The right of either the worker or the youth to request a conference with the worker's supervisor or local department director when terms of the agreement are not met by either party.

9.7.5 Achieving the Goal of Independent Living

The goal of Independent Living is achieved when the youth leaves foster care by:

- Being emancipated by the Court; and/or
- Has achieved the goals of his/her Independent Living Plan and according to the Local department assessment is ready to live independently without local department support; and/or
- Has reached the age of 21.

9.8 Another Planned Permanent Living Arrangement

9.8.1 Focus of Services

This goal provides long term residential treatment for children with a severe and chronic emotional, physical or neurological disabling condition. If the goal of “another planned permanent living arrangement” is selected for a child, all the higher-ranking goals must have been explored and ruled out consistent with the child’s best interest. The Foster Care Service Plan must document that the feasibility of higher-ranking goals has been considered and contain a statement that support why none of these alternative permanent goals are in the child’s best interest. (Refer to Section 7.7 for additional information).

9.8.2 How the Team is Used

The team should consist of the social worker, birth parents, and other service providers. The team will identify the goal and objectives necessary to return the child to the parent(s)/community, the services needed to provide treatment for the child’s disabling condition, and transitional services when the child is returned to his/her parent(s)/community.

9.8.3 Achieving the Goal of Another Planned Permanent Living Arrangement

The intent of the goal is to obtain treatment for the child until the child no longer needs residential treatment for his/her disabling condition.

9.9 Continued Foster Care

9.9.1 Focus of Services

Protection: services are provided to meet the needs of the child, while the local department strives to choose another goal.

9.9.2 How the Team is Used

The team identifies services or steps that need to be taken to identify another achievable goal.

9.9.3 Achieving the Goal of Continued Foster Care

This goal cannot be achieved. It is not a permanency goal.

9.10 Working with Foster Parents and Providers

As team members, foster parents and providers:

- Should be contacted as often as needed but at least monthly. Note: Foster homes approved for permanent placement of a specific child shall be contacted at least every six months.
- Shall participate in conferences related to service planning for a child in the home or placement.
- Shall be given information they may need about the child, and shall keep this information confidential. They must be given the Foster Care Service Plan and educational and medical information about the child.
- Shall gather mementoes (report cards, pictures, awards, etc.) that will go with the child when he/she leaves or may be utilized in preparation of a life book. Life Books help children and youth develop and sustain a culturally sensitive, positive identity through identifying, maintaining and building a history of memories and connections. Every child and youth should have a Life Book that belongs to them and accompanies them through the course of their involvement in foster care. See Section 9.5.4 for information on life books. See Appendix C for best practice guidance on building and maintaining Life Books.
- Shall be given notice, whenever possible, as specified in the boarding or placement agreement, when a change in placement is to occur.

9.11 Case Management

9.11.1 Case Coordination

The case manager is responsible for coordinating the on-going activities of the permanency team and ensuring that federal, state, and local requirements pertaining to service plans, case reviews, hearings, purchasing, and documentation, etc. are met.

9.11.2 Visiting the Child

- All contacts with the child must be documented on the contacts screens in SACWIS.
- Ongoing Visits: A worker should have a face-to-face visit with the child including those youth in independent living situations, at least monthly in the child's home or placement. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in his or her home must occur no less than quarterly. When courtesy supervision is provided by another agency, that agency is responsible for the visits. The only exception to the monthly visitation requirement is for children in an approved permanent foster care status who must be visited at least once every six months, in the permanent foster home.

9.11.2.1 Ongoing Visits for Out-of-state Placements

Ongoing visits with a child placed outside Virginia with relatives, in a foster home, or an adoptive home may be made by the agency in the receiving state authorized by the Interstate Compact to provide supervision. A worker should have a face-to-face visit with the child at least monthly in the child's home or placement. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in his or her home or placement must occur no less than quarterly.

9.11.2.4 Visits to Residential Placements

On-site visits are required for children placed in residential facilities except when a child is placed out-of-state and arrangements have been made with a social worker in the other state to conduct the visit. A worker should have a face-to-face visit with the child including those youth in independent living situations, at least monthly in the child's home or placement. If unable to conduct out-of-state visits on a monthly basis, face-to-face visits with the child in his or her home must occur no less than quarterly.

The Children's Residential Facility Observation Report (located in SACWIS) must be completed to record observations made during these visits. If there is suspicion of a licensing violation in any Virginia public or private facility serving children, hospital, treatment or rehabilitation center, the appropriate licensing authority should be notified. Web-site locations for the licensing authorities in Virginia are listed below:

Department of Mental Health, Mental Retardation and Substance Abuse Services: www.dmhmrssas.virginia.gov/ContactUs.htm

Department of Juvenile Justice: www.djj.state.va.us

Department of Education: www.pen.k12.va.us

Department of Social Services: www.dss.state.va.us

If the agency is located outside of Virginia, the appropriate state's Child Abuse Hotline can be found by contacting the Child Help National Child Abuse Hotline at 1-800-4-A-CHILD.

In no instance should the Children's Residential Facility Observation Report take the place of a child protective service abuse and neglect complaint. If a situation in an in-state or out-of-state facility warrant a CPS complaint, the complaint should be filed through normal reporting channels in addition to completing and submitting the Observation Report.

9.11.3 Referring Cases for Review by the Family Assessment and Planning Team (FAPT)

When serving as case manager for a FAPT case, the worker is responsible for:

- Providing information to the FAPT to be used in up-dating and revising the Individual Family Service Plan (IFSP) and/or the Foster Care Service Plan;
- Notifying foster parents in advance of all FAPT meetings related to a child who has the goal of permanent foster care or is in a long-term foster care placement. Long-term placement is twelve months or longer. The foster parents have the right to either speak at the meetings or submit written recommendations and testimony. The FAPT shall consider the foster parents' opinions in developing the service plan.
- Participating in all FAPT reviews, and encouraging the parent(s) to participate in FAPT reviews; and
- Complying with local and state CSA policies and procedures.

9.11.4 Completion of SACWIS Requirements

SACWIS must be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow. (See Appendix B for AFCARS elements) The worker is responsible for entering and updating all case data in SACWIS as soon as possible, but no later than 30 days after, each activity or event.

9.11.5 Completion of the Case Narrative

The case narrative must include a detailed chronological account of what is occurring in a case. The narrative should very clearly describe events, contacts, dates, parties involved, problems, interventions and all other activity regarding the case. Information included in the case narrative should be of such a detailed nature as to provide other readers a clear understanding of developments and issues in the case. The case narrative is required in SACWIS and is to be entered on the contacts screen in the comments box. While not required, hard copies of the narrative may be printed and placed in the case file.

The case narrative in SACWIS should include, but is not limited to, descriptions of the following events and activities:

- Face-to-face client contacts
- Court hearings
- Family visits
- Provider contacts
- Telephone contacts

9.12 Services to Older Youth in Foster Care

Opportunities for Independent Living activities, services, and learning experiences should be provided to youth in foster care no matter what their permanency goal. (Refer to Section 9.7.1 and 9.7.3 for information regarding types of independent living services).

Independent living activities should not be seen as an alternative to permanence for any youth. Rather, they should be provided to youth while concurrently pursuing return home, adoption and other permanency goals (Foster Care Independence Act of 1999).

9.12.1 Eligibility Requirements for ILP Services

ILP Services will be provided to youth, ages 16-21, who are in a foster care placement. A Transitional Independent Living Plan is required for all youth, ages 16-21, who are in a foster care placement. Young people, 18 to 21, who have left foster care to live on their own, are eligible for ILP services through Chafee Foster Care Independence Program funds. See Section 12.15.

9.12.2 How Long a Youth May Receive Services and Support from the Local department of social services

Even though anyone over the age of 18 is an adult under Virginia law, a child in foster care before the age of 18 may continue to receive services from the local department between age 18 to 21 if:

- The youth willingly agrees to remain in placement and cooperate with all services and this is documented in the case record; and
- The youth is making progress in an educational, treatment or training program; or
- If the youth is in permanent foster care, requires continuing foster care assistance to participate in an educational, training, or treatment program, and wishes to remain in foster care, the local department must maintain that youth in foster care until age 21. (§63.2-908)

9.13 Providing Medical Services and Treatment for the Child

9.13.1 Consent for Medical Treatment for Children in Custody

- Where possible, parent(s) of a child who is committed or entrusted to a local department should always be involved in the medical planning for the child. When parent(s) are not available, or their consent cannot be obtained immediately, a court order is required for major medical/surgery treatment. If the court order is not readily available, the superintendent, director or his/her designee may consent. (§§16.1-241 and 54.1-2969 a.2)

- A judge may give blanket authority to the local department of social services to give consent. Such blanket authority should be in writing and signed by the judge.
- Any authorized person who consents to medical/surgical treatment of the child must make a reasonable effort to notify parent(s)/guardians as soon as possible.
- Foster parents, adoptive parents prior to the final order, and residential facilities can obtain routine or minor medical care for the child.

9.13.2 Consent for Medical Treatment for Children Placed in Foster Care through Non-Custodial Agreements Where Parent(s) Retain Custody

Parent(s) or guardians of children in non-custodial foster care placements must provide consent for medical treatment, except in those instances where consent has been delegated to the local department in the non-custodial foster care agreement.

9.13.3 When a Minor May Consent to Medical and Health Services

- To determine the presence or treatment of venereal disease or any infections or contagious disease reportable to the state health department;
- For birth control, pregnancy, family planning and out-patient care; and
- For treatment or rehabilitation for substance abuse, mental illness or emotional disturbance (§54.1-2969 e).

9.13.4 Authority of Permanent Foster Parents to Give Consent for Medical Care

The foster parent of a child in a court approved permanent foster care placement has the right to consent to surgery unless the court order for placement has modified this right. (§63.2-908)

9.13.5 Medical Care and Treatment to be Provided to a Child in Foster Care Placement

9.13.5.1 A medical examination of the child, using EPSDT, should be obtained no later than 60 days after placement, commitment or entrustment.

9.13.5.2 Periodic routine medical and dental examinations at least annually for children four years of age and over must be provided. For children less than four, the local department should follow the EPSDT check-up chart or document in the record reasons why it is not being followed.

9.13.5.3 Medical care must be provided for the child who is ill or injured and ongoing medical treatment for the child with physical, mental or emotional disabilities.

9.14 Providing Services during Residential Placement

9.14.1 The Roles and Responsibilities of the Local Department

- Maintain telephone contact with the facility staff to coordinate services as often as possible but no less than once a month. These contacts must be documented using the contact screen in SACWIS.
- Workers should visit the child in the residential facility at least monthly. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in the residential placement must occur no less than quarterly to ensure appropriate care is being given, to ensure the implementation and continued suitability of the treatment plan and to keep all parties informed of any and all actions and/or progress in the case. Children placed in emergency temporary care facilities must be visited at least once a month and more often if needed. These contacts must be documented in SACWIS on the contact screen.
- Continue contact with and services to the parents while the child is in residential care. The local department and facility must encourage and assist with, where possible, visits between the child and parents. The parents must be kept informed of their child's progress and needs while in placement.
- Complete the Children's Residential Facility Observation Report form available in SACWIS, after every visit.
- Develop a plan to transition the child back to the family or community. The Family Assessment and Planning Team may be utilized to facilitate the development and access to coordinated and community-based services when the child returns to the community.
- Arrange for or provide services to transition the child from the facility back to the community.
- Ensure that local purchase of service procedures is followed.

9.14.2 Roles and Responsibilities of Residential Facilities Based upon Licensing Standards

- Prepare a plan for the child within 30 days of child's placement in the residential facility. This plan must provide goals and objectives for meeting the needs of the child. This plan should include transition services that will

help the child to return to parent/community within a specified time as defined in the service plan.

- Notify the local department of the child's progress and behaviors, including any serious incident, while the child is in residential care through regular reports.
- Coordinate treatment services for the child.

9.14.3 Returning the Child to the Family and Community

In order to ensure the successful return of the child to the home/community, the service plan must include treatment objectives, timelines and outcomes. (See Section 8.4) Supportive services must be identified and provided to the child and family when the child returns to the community.

9.15 Providing Special Education Services

- 9.15.1 School divisions are mandated by law to provide, without cost, instruction specifically designed to meet the unique needs of children with disabilities, ages 2 through 21 (§22.1-214).
- 9.15.2 A child is determined eligible for special education and related services by an eligibility team at the school. This team uses data gathered through a comprehensive evaluation. The school division may use data provided by the local department or other source (e.g., psychological, medical, hearing or vision screenings/evaluation, and sociocultural evaluations). This team makes its decision for such services no later than 65 business days after the referral for the evaluation is received by the division.
- 9.15.3 The school division must develop an individualized education program (IEP) within 30 calendar days after eligibility has been determined.
- 9.15.4 If the child's parent cannot be found or parental rights have been terminated, school divisions are required by law to train and appoint surrogate parents to represent the educational interests of the children, which may include those in the custody of local departments. When a surrogate parent is appointed, that individual holds the same rights and responsibilities relative to the child's education as are afforded to parents. Local school division may appoint the foster parent as the surrogate parent. When parental rights are terminated, the child is in permanent foster care, and the foster parents have an ongoing, long-term relationship with the child, the school division may recognize the foster parent as the parent. A surrogate parent is not required for a child in a non-custodial placement. The parent or guardian is responsible for requesting services and signing IEPs. The federal Individuals with Disabilities Education Act prohibits local department staff from serving as parents (or surrogate parents) for children in custody.

9.15.5 If the child's parents (which includes birth parents, adoptive parents, permanent foster parents (in the situation described above) or surrogate parent disagree with the evaluation conducted by the school division, they may request an independent evaluation at public expense.

9.15.6 If the local department or foster parents have any concerns or disagreements about a foster care child's special education program or implementation of the special education procedures, the social workers should first contact the director of special education in the local school division for resolution. If resolution is not achieved at the local level, the local department may contact the Virginia Department of Education's Dispute Resolution and Administrative Services unit in the Division of Special Education and Related Services (www.pen.k12.va.us/VDOE/sess) for more information about mediation, complaints and due process hearings.

9.16 Providing Respite Care Services

Respite care is a therapeutic support service designed to offer short-term relief to families caring for children by providing substitute care for children. The purpose of respite care for families, including foster families, is to reduce foster home disruption and provide a stable foster care placement for the child. It can be provided on an emergency or planned basis. The following requirements must be met:

- The respite care provider must be approved by the local department as meeting out-of-home or in-home provider standards or be a licensed provider.
- Respite care can be provided for up to 30 days per year. If more than 30 days per year is needed for a child with special needs, the reasons for the need for additional respite care should be documented in the record. Respite care should not extend beyond 60 days per year.
- Respite care is not the provision of an emergency placement when a placement has disrupted, or short term placement of a child in a residential facility for the purposes of treatment.
- The local department shall assure that a basic orientation to the agency's mission and goals, policies and procedures related to medical treatment, emergencies, liability, transportation, and confidentiality and information about the child is provided to the respite care provider prior to the commencement of services.
- Respite care is a service. While the child is receiving respite care services, the foster parents shall continue to receive foster care maintenance payments.